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CONFIRMATION NO. 8724

Bib Data Sheet

SERIAL NUMBER 09/829,425	FILING OR 371(c) DATE 04/10/2001 RULE	CLASS 382	GROUP ART UNIT 2621	ATTORNEY DOCKET NO. EVRON=2A
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APPLICANTS

Rami Evron, Tel Aviv, ISRAEL;
 Ran Carmeli, Magshimim, ISRAEL;
 Moshe Kleiman, Rehovot, ISRAEL;

**** CONTINUING DATA *******

This appln claims benefit of 60/240,956 10/18/2000

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED. SMALL ENTITY ****
**** 06/01/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY ISRAEL	SHEETS DRAWING 1	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> Met after allowance				
Verified and Acknowledged _____ Examiner's Signature _____ Initials _____				

ADDRESS

BROWDY AND NEIMARK, P.L.L.C.
 624 Ninth Street, N.W.
 Washington ,DC 20001

TITLE

METHOD FOR PROCESSING IMAGES OF CORONARY ARTERIES

FILING FEE RECEIVED 833	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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WASHINGTON, D.C. 20231
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CONFIRMATION NO. 8724

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SERIAL NUMBER 09/829,425	FILING DATE 04/10/2001 RULE	CLASS 600	GROUP ART UNIT 3737	ATTORNEY DOCKET NO. EVRON=2A
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APPLICANTS

Rami Evron, Tel Aviv, ISRAEL;
Ran Carmeli, Magshimim, ISRAEL;
Moshe Kleiman, Rehovot, ISRAEL;

** CONTINUING DATA *****

THIS APPLN CLAIMS BENEFIT OF 60/240,956 10/18/2000

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 06/01/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY ISRAEL	SHEETS DRAWING 1	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 25
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

BROWDY AND NEIMARK, P.L.L.C.

624 Ninth Street, N.W.

Washington, DC 20001

TITLE ✓

Method for processing images of coronary arteries

FILING FEE RECEIVED 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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